

Form 3813

07087

No. _____

Postage 11 cts.

Insurance
fee paid 15 cts.

Fragile 15 _____

Perishable _____

Eggs _____

Accepting employee will place his initials in spaces applicable to indicate endorsements and insert the fees paid.

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity. Indemnity claims must be filed within 6 months from date of mailing.

RECEIPT FOR INSURED MAIL

DOMESTIC (Including Canada and Newfoundland)

FEES

	INDEMNITY
5c	Value up to \$5
10c	Value up to \$25
15c	Value up to \$50
25c*	Value up to \$100
30c	Value up to \$150
35c	Value up to \$200

* Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt _____ cts.

Restricted delivery fee _____ cts.

Special delivery fee _____ cts.

Special handling charge _____ cts.

GPO

16—13285



POSTMASTER,

By _____